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# DISPLACEMENTS OF THE UTERUS;

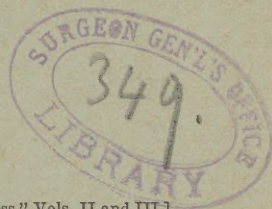
TOGETHER WITH

## FORMULA FOR OFFICIAL DILUTE HYDROBROMIC ACID OF THE UNITED STATES PHARMACOPŒIA.

BY

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HOLLY, MICHIGAN.



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Dr. DEWITT CLINTON WADE, Holly, Mich., read a paper on—

## DISPLACEMENTS OF THE UTERUS.

### DÉPLACEMENTS DE L'UTÉRUS.

### LAGEVERÄNDERUNGEN DES UTERUS.

The propositions presented in this paper are based upon the studies involved in the application of nearly 3000 uterine supporters, each instrument being designed and constructed by myself to meet the requirements in individual cases in a private practice. This experience is undoubtedly unique, and it is capable of inducing pronounced views, irrespective of the impressions derived from other sources.

#### PROPOSITIONS.

1. Uterine displacement exists more frequently than any other disease of the female sexual apparatus, and very often commences at puberty.
2. In the normal subject, the axis of the uterus is at nearly a right angle to the axis of the vagina, the cervix uteri not encroaching upon post-vaginal tissues.
3. Deviations from the normal position of the uterus, either *per se*, or by influencing adjacent structures, are capable of inducing, and generally do develop, local and reflex discomforts that often amount to complete invalidism.
4. The causes may include predisposition, inherited or acquired, and they generally include the application of mechanical influences, consisting of excessive and ill-timed muscular action, as in stair-climbing, lifting, overwork, and constipation; but perhaps most of all, of a narrowing and elongating the waist by modes of dress. To these must be added the sequelæ of child-bearing.
5. The principal subjective symptoms that direct to physical investigation are back-ache, including the shoulders, neck and back of the head, irritation of the organs adjacent to the uterus, bearing-down, reflex nervous conditions, that particularly impress the functions of the brain, eyes, heart, stomach, kidneys, and the muscles, and a condition not easily technically described, having a multiplication of variations, extending from unamiability to insanity, and probably best understood by the term "nervousness."
6. Physical examination is absolutely required to complete the diagnosis, by one who is familiar with the late advances in the study of the relations of the female pelvic organs.
7. Neglect to verify the probability of uterine displacement by touch, and the treatment of the subjective symptoms as so many diseases, is the rule with the great body of the medical profession.
8. The relative frequency of uterine displacement, is about equally distributed from the commencement of womanhood to old age.
9. Anteversion generally affects younger subjects than does retroversion.
10. A displacement for which I have seen no name in the literature is often found, where the angle of the axes of the uterus and vagina remains normal, while the uterus recedes toward the sacrum, even to a firm impingement of the cervix against the post-vaginal tissues. The term retrocession would, in my opinion, be quite applicable to this form of displacement.
11. In retrocession, the normal axis of the vagina approaches the uterus toward its fundus, instead of meeting the uterus at its cervix.
12. It not infrequently occurs that the patient's subjective symptoms are too trivial to suggest that the cause of very pronounced reflex disturbance may reside in that



locality, and in the case of young women this circumstance, almost universally, becomes a barrier to rational treatment, with a failure of recovery.

13. Pain in the back of the neck and head, aggravated by conditions capable of intensifying a displacement of the uterus, is a pathognomonic symptom.

14. That it is desirable to restore displaced pelvic viscera to normal positions, and that such restoration, if accomplished in an unobjectionable manner, is capable of terminating the local and reflex disorders depending upon the displacements, cannot have a shadow of a doubt.

15. It is unphilosophical to attempt to correct a displacement with medicine.

16. When the lacerations of childbirth cause uterine displacements, a restoration of the injured tissues, by plastic surgery, gives very gratifying results.

17. The treatment of the displacements of the uterus by methods of the text-books, has proved anything but successful.

18. The withdrawal of existing ætiological factors is doubtless desirable, but this alone cannot take the place of physical restorative efforts.

19. The temporizing expedient of attempting to retain the uterus in place by tamponing the vagina with cotton wool, in anticipation that in a few days the organ will permanently remain in a correct position, is not founded upon a reasonable theory, and is a failure in practice.

20. The mechanical treatment of uterine displacement by means of intra-vaginal appliances, is indicated in the great majority of cases, and the market is supplied with innumerable devices designed for this purpose.

21. It is almost the universal custom with those who attempt the mechanical treatment of uterine displacement, to do so with ready-made instruments.

22. On account of the great diversity of anatomical and pathological conditions existing with the female viscera, the mechanical treatment of the displacements of the uterus becomes much too complicated to permit a desirable degree of perfection to be reached in the use of the instruments at the command of the profession, and the attempt is quite likely to result in abandonment.

23. It is not possible to restore a displaced uterus to and maintain it in a normal position by means of a stem and ring, to encircle the cervix, which can be readily understood by recalling the normal relations of the vagina and uterus.

24. In retroversion of the uterus, the support is generally applied to the vagina behind the cervix, and in anteversion and retrocession, the place of contact for mechanical support is usually in front of the uterus.

25. On either side of the urethra, within the vagina, is a recess suitable for the reception of the lower end of the instrument in contact with the unyielding pubic arch.

26. The local and reflex symptoms are not proportionately relieved by the use of instruments inadequate to the complete establishment of a normal position of the uterus.

27. It is unusual to secure accuracy of adjustment by any method not involving the construction of an instrument for each individual.

28. After many experiments with different materials, I devised and adopted the plan, fifteen years ago, of shaping the instrument from No. 10 copper wire, and covering it with pure rubber tubing made for the purpose, with thick walls. The tools required, are a pair of bending pliers, a wire cutter and a flat file.

29. Any required device can thus be made, with as much delicacy in the shading of its contour as the indications in the case may demand.

30. There are two designs that I have devised, which I may show for illustration, that, in varying proportions, represent the principal requirements in the mechanical treatment of the displacements of the uterus.



31. It will be observed that provision is made for avoiding pressure against the urethra, bladder, cervix uteri and rectum, thus securing a maximum of freedom from discomfort.

32. Adhesions are not contraindications to replacement of the uterus by a gradual method, commencing with an instrument that affords a light pressure, and as the tissues yield, exchanging for instruments of increased dimensions, until a normal position is reached. I have seen most unpromising cases completely relieved by the use, in this manner, of a dozen instruments.

33. It is never necessary to use a uterine repositor, for a supporter that will retain the uterus in good position will replace it in a better and safer manner than any other instrument.

34. One of the pleasant results of the successful treatment of uterine displacement is its cosmetic effect; removing the otherwise incurable discolorations of the skin, and restoring a youthful and vivacious expression to one who has the prematurely jaded and aging appearances associated with long suffering.

35. It is impracticable and uncalled for to discriminate, on sentimental grounds, against the rational treatment, without delay, of young women who suffer from the local or reflex effects of a displacement of the uterus.

36. In a large proportion of cases the efficient restraint of the uterus, for a period varying from six months to two years, is followed by a radical cure of the displacement.

37. With one who has been brought into close intimacy with the exacting and unyielding effort required to maintain a uterus that has become displaced in a position that permits a cessation of the sequelæ, no treatment will appear rational not involving the application of mechanical principles.

38. It is certainly true that, on account of the defective measures in treatment at their disposal, many distinguished members of the profession have assured their patients who were suffering from displacement of the uterus that the effects of such a condition had been exaggerated, and its treatment was undesirable.

39. To close, I must say that he who follows the plans I have indicated will be relieved from the sense that the displacements of the uterus are exasperating opprobria of the profession, and will adopt a line of labor the results of which will be at once refreshing and delightful.





FORMULA FOR OFFICIAL DILUTE HYDROBROMIC ACID OF THE  
UNITED STATES PHARMACOPŒIA.

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FORMULE POUR L'ACIDE HYDROBROMIQUE DÉLAYÉ OFFICIELEMENT DE LA  
PHARMACOPÉE DES ETATS UNIS.

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FORMEL FÜR DIE OFFICIELLE VERDÜNNTE BROMWASSERSTOFFSÄURE DER  
PHARMAKOPÖE DER VEREINIGTEN STAATEN.

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BY DE WITT CLINTON WADE, M. D.,

Holly, Michigan.

In 1874 I produced hydrobromic acid by the decomposition of bromide of potassium with two equivalents of tartaric acid, and immediately commenced the study of its therapeutic properties. My first paper appeared in the *Peninsular Medical Journal* (Detroit), in February, 1875. Previous to these dates this acid had not been made by this process, and had never been used or written upon as a medicine. It is now in general use in all countries, and the therapeutic and pharmacological literature regarding it has been many times enriched in all languages. My original formula, which was designed to make each fluid drachm of the finished product represent ten grains of bromine, was published thousands of times, and I have reason to believe is in general use to-day. The last revision of the United States Pharmacopœia made dilute hydrobromic acid official, and its strength equaling ten per cent. of acid. Since this revision I have seen no formula published for the production of the official acid by the decomposition of bromide of potassium with tartaric acid. As the requirements of the Pharmacopœia give an acid representing only about sixty per cent. of the amount of bromine contained in my formula, and as I am quite sure, from a personal examination of the subject, that there is a great lack of uniformity in the strength of the acid being dispensed in this country, it would appear none too early to present a formula for the production of the official acid that is at once the simplest to adopt, and as has been shown by years of application, is free from objectionable features. The formula is as follows:—

Take of—

Bromide of potassium	four (4) avoirdupois ounces.
Tartaric acid	five (5) avoirdupois ounces.
Water	seven (7) fluid ounces.

Dissolve the salt in the water, and add the acid. When thoroughly mixed set aside in the cold, for the precipitation of the resulting bitartrate of potassium. Decant the supernatant fluid and dilute it with sixteen fluid ounces of water. The result is a ten per cent. solution, by weight, of hydrobromic acid.





